

Department of Health and Human Services Health and Environmental Testing Laboratory 221 State Street # 12 State House Station

Augusta, Maine 04333-0012

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Detection of HIV by the HIV Combo Viral Ag Ab Kit

Laboratory Submission Information Sheet

| Reporting of suspect case to Maine CDC | •Yes: Human Immunodeficiency Virus (HIV) is a Notifiable Condition. If you have not already done so, please report suspect or confirmed cases to the Maine CDC via the disease reporting line: 1-800-821-5821 (24hrs/day 7 days/week.) |
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| Required To Submit Laboratory Specimen | •NO |
| Required Information | •Information on requisition must include: suspected organism, patient name, DOB, date of collection, specimen source or type, submitter name and contact information. •Important: all specimens must be labeled with patient name and be accompanied by a HETL requisition. |
| Specimen Requirements | •The following tube types and anticoagulants, including those in both glass and plastic tubes, may be used: serum tubes, serum separator tubes (SSTs) with and without activator, potassium EDTA, sodium citrate, sodium and lithium heparin, and plasma separator tubes (PSTs). •The performance of this assay has not been established for individuals younger than 2 years of age. |
| Collection Instructions | •Samples may be stored for no longer than 2 days at room temperature or 7 days at 2-8°C, including the time that samples are in transit. •For long-term storage, the specimens should be removed from the clot, red blood cells, or separator gel and should be frozen at -20°C or colder. |
| Turn Around Time | •Results are available within 8-72 hours after arrival. |
| Unacceptable Conditions | • Specimens received without a form and clinical details or with insufficient material to analyze. • Extensive hemolysis may affect test performance. Do not use heat-inactivated specimens. • Samples should not be used if they have incurred more than 4 freeze/thaw cycles. • Suspended fibrin particles, aggregates and extensive hemolysis may affect test performance |
| Results | •HIV – Not Detected or Detected •A negative test does not rule out exposure or infection to HIV. •All results will be reported only to submitter as stated on requisition via mail or fax. |
| Laboratory Testing Fee | •\$22.00 |
| Applicable CPT Codes | •87389 |
| Additional Information | •Bacteriology at 207-287-1704, Virology, Respiratory, Arbovirus, and Serology at 207-287-1722 •Molecular Biology, Sequencing, and Foodborne at 207-287-5769 •Mycobacterium and Rabies at 207-287-1706 •CT/GC at 207-287-6244 |